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ABSTRACT

This research attempted to expand Piaget's study of children's thinking to include the content and the development of their concepts of death and the impact of experience on those concepts. One hundred twenty-two, middle-class, native-born boys and girls, aged three through twelve years were interviewed. Concepts were found to be composed of nine components which develop from absence to incomplete to complete presence. Children acquire components in clusters: Realization by age three; Separation and Immobility, in no particular order, by age five; Irrevocability, Causality, Dysfunctionality, and Universality, concurrently, by age six; Insensitivity by age eight; Appearance by age twelve. Death concept development is a function of children's age; the rate is steady and rapid in the threes through nines, and uneven in the tens through twelves. Experience with death accelerates concept development before the age of seven. A three stage developmental process related to Piagetian pre-operational, concrete operations, and formal operations stages was seen. Stage One is organized structurally; death is a description. Stage Two is organized functionally; death induces dysfunction. Stage Three is organized abstractly; death is a definition. (Author)

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A PIAGETIAN DISCUSSION OF THE DEVELOPMENT
OF CHILDREN'S CONCEPTS OF DEATH

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A Piagetian Discussion of the Development of Children's Concepts of Death

This research attempted to expand Piaget's (1951) study of children's thinking to include their conceptual structure of death.

The study was an investigation into children's cognitive development, specifically, the content and the development of their concepts of death and the impact of experience on those concepts.

Discussion

One hundred twenty-two white, middle-class, native-born children aged three through twelve were interviewed to determine the constituents of their concepts of death and the effects of age and experience on those concepts. At least five boys and five girls at each age were interviewed. The data were collected in 1974 from children in three adjacent schools in Butler County, Ohio. Pictures of rabbits provided the common stimulus material.

A coding scheme was arranged in order to quantify the information resultant from the interviews into ten possible components of children's death concepts were synthesized from prior research in the field: Realization, Separation, Immobility, Irrevocability, Causality, Dysfunctionality, Universality, Insensitivity, Appearance, and Personification.

For each subject, an Index of Presence (IP) score across components was found. For the entire sample, the mean per age IP score were found as an indication of the age-wise development of the concept. Scores

for each component, at each age, were found as an indication of the age-wise development of each component and the acquisition of the concept by individual components and by component clusters. Scores of experienced and inexperienced children at three age levels, aged three through six, seven through nine, and ten through twelve were found as an indication of the impact of experience on the death concept. Percentages of responses indicating completeness for each component were found in an attempt to establish a pattern for component acquisition. Differences in the percentages for experienced and inexperienced children were used to indicate areas of impact of experience on the death concept. Children's verbatim responses were examined in the search for an indication of the development of each component, the interrelationship of the components, and the stage-wise development of the death concept.

Personification was dropped as a separate component when it became apparent that it could be included in Realization. The remaining nine components and no others were found to constitute children's death concepts.

Children's death concepts develop as the children acquire components and as the components develop. Both component acquisition and development appear to be a function of age.

Children's ideas about the components develop from absence to incomplete, and then complete presence. Components appear absent or incompletely present in the youngest children, with more incomplete presence and then complete presence indicated as the children matured. Children three years old evidence absence and presence in varying

degrees in the various components. Children as young as four indicate presence of all the components in some form. With the five and six year olds, complete presence is found increasingly, and most children this age indicate incomplete presence in only one or two components. The most rapid development of the components is found before age six. By age seven, ideas like those of adults are seen regularly in every component except Appearance. In children eight years old and older, mature ideas regarding all the components with the exception of Appearance are found consistently and absence or incomplete presence of the components is seen only rarely. While there is an ebb and flow to children's development of Appearance, they exhibit the same general trend with this as with the other components. By age twelve, children indicate complete presence of all the identified components with great consistency.

Children appear to acquire the components in clusters; Realization is acquired by age three. Separation and Immobility are added in no particular order by age five. Irrevocability, Causality, Dysfunctionality, and Universality follow, concurrently, by age six. By age eight, children add Insensitivity. Appearance is acquired by age twelve.

The concept builds most rapidly and regularly in children five years old and younger. By age six, the rate of development of the concept begins to decline. Most children acquire ideas congruent with the commonly accepted adult notions by age seven. In the eight year olds and above, children generally exhibit the same notions as the adult population. While death concept development is asymptotic by

age nine, and development is uneven in children ten through twelve, the quality of children's thinking continues to develop as they mature.

Children mature in their ability to think logically regarding the components. The younger children frequently held ideas about the components that were incompatible and inconsistent, i.e., the dead don't get hungry because they can't move their hands. As the children mature, their logical consistencies were less frequent. The direction of the development of each component and of the whole concept is toward the completeness of each component and toward the integration of the components into a logically consistent concept.

Children's experiences with death seem important in terms of concept development only for children six years old and younger. The greatest growth in the development of the death concept was seen in the completeness of each component and toward the integration of the components into a logically consistent concept.

Children's experiences with death seem important in terms of concept development only for children six years old and younger. The greatest growth in the development of the death concept was seen in children of this age, and if they experience death, they evidence more mature concepts than their inexperienced age mates. Children aged seven through twelve years manifest the same maturity of concept whether they are experienced or not. Of all of the components, the development of Dysfunctionality, Insensitivity, and Causality are the most affected by the death experience. The experienced children have an early conceptual edge on their age mates which disappears as the other children just naturally mature.

An examination of the protocols revealed that children's thinking about

death appears to be developed in three stages, which relate to Piagetian stages. A more detailed discussion of the protocols can be found elsewhere (Kane, 1975).

Piagetian stages were shown by Steiner (1965) in a population sample of discontinuous ages. The three stages noted in the present research with a sample of children of continuous ages were seen to develop from one age to another.

In discussing stages, Flavell (1963, pp. 19-21) noted the characteristics of stages. Stages are emergent in development in unchanging order or sequence. Each later stage grows out of the stage preceding it, incorporating the earlier stage. Each stage is integrated. Each stage has an initial period of preparation and a final period of achievement.

Data in this research indicates that children's thinking about death is developed in three stages which emerge in the same sequence in all subjects. One stage grows out of and subsumes the one before it in a slowly evolving developmental process. Each stage is unified. The stages seen here appear congruent with those characteristics of stages which Flavell posited.

Children's categorical, or organizational behavior, in general, has been seen to be related to age. (Inhelder and Piaget, 1964; Garrettsen, 1971) First, children organize by structure, i.e., the way something looks, is situated, or is built. Second, children organize by function, i.e., the way something works, or what it does. Third, children organize by the abstraction of a common element or a super-ordinate category.

Children's thinking about death seems to follow this same organizational pattern. The youngest children think in terms of

structure. Children older than these think in terms of function. Children still older think in terms of abstraction.

Death moves from a description of the state, in Stage One, to a cause and the explanation of the state, in Stage Two, to a definition of the state, in Stage Three. In Stage One thinking, if a person doesn't move, he is dead. In Stage Two thinking, if a person does not and can not move, he is dead. In Stage Three thinking, a person's inability to move is what makes him dead.

Stage One in children's death concept formation relates to Piaget's pre-operational stage. Pre-operational children can consider only one aspect of a situation at a time. For children in Stage One, what is, what will be, and what can be, are for the moment, only. To the youngest children, death is a "right now" quiescence.

For the Stage One child, death is bound to position and immobility. His thinking is egocentric and magical. He can make something dead by his behavior or his wish, and when he closes the eyes of a dead person, he effects the separation of death.

It may be that the child thinks that he disappears when he can no longer see the other person. Or it may be that the child thinks that the other person disappears when the child can no longer see him. Affect regarding disappearance is notably lacking in children at this stage.

In Stage One, the components which constitute the child's death concept are quite minimal, mainly, Realization, Separation, and Immobility. Components are held in concurrent, but not interrelated fashion.

Stage One thinking is organized structurally, having entirely to do with how the child realizes death in terms of position in the present, the obvious, and the immediate. The temporal orientation is now; the spatial location is here or there; the dysfunctionality of death is in terms of a lying-down immobility. The children have ideas such as: dead people lie down, without moving, with their arms outstretched, and their eyes closed. They see death as a particular position. Getting into the position is what makes deadness. Death is only what they can see. They can make it by labeling an act or event. The event of death and the embodiment of death are one in their thinking.

For children in Stage One, death is a description.

As the children grow a little older, they add function to their obvious situational description of death. The addition of function designates the movement from Stage One to Stage Two thinking. Children who evidence Stage Two thinking, see the body not working when it is dead and death as a reason for the body not working.

In Stage Two, the spatial location of the dead becomes completely "away", their dysfunctionality becomes "total", and the temporal orientation becomes "forever." Children's egocentric beliefs about the cause of death in Stage One give way, in Stage Two, to notions of external and internal causation.

Beyond a mere consideration of the here and now as in Stage One, children in Stage Two are concerned with the less as well as the more obvious aspects of death. Second stage thinking is marked by reality and the beginnings of logical thought, the further development of Realization, Separation, and Immobility, and the inclusion and develop-

ment of the six remaining components, Irrevocability, Causality, Dysfunctionality, Universality, Insensitivity, and Appearance.

A child in Stage Two holds the various components which constitute his death concept much as he did in Stage One, concurrently and in an unrelated fashion. The repetitive occurrence of death may lead a child in Stage Two to notions of an historical, universal death but not necessarily to death's logico-necessity. The children may believe that dead people look like the alive, or that dead people look different.

Stage Two in children's death concept formation relates to Piaget's stage of concrete operations. Children think concretely and can consider two aspects of a situation. Stage Two children conceive of death in the concrete and their ideas can conflict or be congruent. The children generally consider death to be part of old age and, except for external violence, very far away.

As the children begin Stage Two thinking, they associate death and obvious dysfunctionality. They have ideas such as: Dead people can't move, blink their eyes, or work their mouths; they get hungry but don't eat, can't eat because they can't move their hands, don't eat but do drink, and hear but don't answer. To young children, eating and speaking may be seen as more obviously active in function than drinking and hearing. Children may see mouths moving less in drinking than in eating, and they may see no movement at all related to hearing.

Next, children conceive of the dysfunctionality of those parts of the body whose movement is less obvious, perhaps unseen, guessed, or

hidden. The children hold ideas such as: A dead person's heart doesn't bump, he doesn't breathe, his insides don't work, he doesn't get hungry because he doesn't do any work, and he just lies there.

Later, children see as dysfunctional, those parts of the body that seem to move silently, unobviously, and unobtrusively, such as the senses. The children hold ideas such as: A dead person can't hear, smell the flowers, or feel hunger; the dead know that they are dead, and even dream sometimes; older people dream about their wives and children, but babies don't have anything to dream about; Grandma misses me. For the children, the processes of touch, taste, vision, audition, and olfaction are separate from, and perhaps more obvious than thought and affect.

As the children mature, they conceive of the dysfunctionality of the thought process. This mechanism seems to function most subtly, apparently unconnected, disconnected, or mysteriously connected to the rest of the body. The children have ideas such as: A dead person does not dream or know that he is dead; when a person is dead, his mind stops, and there are no dreams, or thoughts, or yearnings; everything depends on the brain, it sends out impulses that make everything go.

For children in Stage Two, death is an explanation and a cause. Death induces dysfunction.

Growing older, children begin to interrelate the components and develop their notions of death as the abstraction of internal dysfunctionality. They recognize that death comes from the inside, not

just the outside, or either the outside or the inside, as they thought previously. This marks the transition from Stage Two to Stage Three thinking.

The subtle difference between Stage Two and Stage Three thinking is causal. In Stage Two, the child sees the state of death as causing the dysfunction. In Stage Three, the child sees the dysfunction as defining the state.

In contrast with the Stage Three child, the younger child sees death as the reason for inactivity; death makes the body not work. He believes that a dead person cannot feel because he is dead; being dead is what makes him not able to feel. For the Stage Three child, not being able to feel is what death is.

Stage Three relates to Piaget's stage of formal operations. Formally operational children are able to abstract, hypothesize, think about their own thought and can consider three aspects of a situation. Children in Stage Three are able to abstract life elements, think logically, and interrelate the components. They can recognize reality, and at the same time, speculate in a somewhat uncommitted fashion. Ultimately, they can consider the existential quality of life and death.

Stage Three children make statements such as the following: "A person is dead when there isn't any blood going around", "There has to be oxygen going to the brain for it to work", "He's just lying there. Really, he's not there at all, just his body", "It's just like he's nothing. He can't see or hear or feel or move. Nothing works."

For the mature children, inactivity, dysfunctionality, and insen-

sitivity define the condition of death. To these children, a person is dead because he cannot feel; a person is dead when he no longer responds. They recognize that responsiveness is not only a characteristic of, but a requirement for, life. For Stage Three children, death is a state of internally called dysfunctionality. Death is a definition.

Conclusions

Five conclusions can be drawn from the results of this inquiry:

- (1) Components which were suggested prior to the study as possibly constituting the death concept were found to comprise children's conceptual structure of death;
- (2) children's understanding of each of the components of the death concept develops from absence to complete presence;
- (3) children's concepts of death appear to develop as a function of age maturity;
- (4) children's experiences with death seem important in terms of concept development only for the six year olds and below; and,
- (5) children's concepts of death appear to be developed in three stages.

Four operations seem to occur as children mature in their thinking about death. The child acquires discrete components. Each component develops. Components are acquired in clusters. The concept is developed in stages.

This study demonstrated that the principles of development, as described by Piaget, were applicable to children's ideas about death.

Egocentric children who can control and bargain with death, develop into children who are obedient to the dictates of impersonal logic.

The child's thinking about death develops as does his thinking in other areas, gradually and idiosyncratically, a part of and a product of his total cognitive behavior.

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